

THOMAS JEFFERSON HEALTH DISTRICT

Health Department Office	Address	Phone Number	Fax Number
Charlottesville/Albemarle County	1138 Rose Hill Drive, PO Box 7546, Charlottesville, VA, 22906	434-972-6219	434-972-4310
Fluvanna County	132 Main Street, PO Box 136, Palmyra VA, 22963	434-591-1965	434-591-1966
Greene County	50 Stanard Street, PO Box 38 Stanardsville, VA, 22973	434-985-2262	434-985-4822
Louisa County	1 Woolfolk Avenue, Louisa, VA, 23093	540-967-3707	540-967-3733
Nelson County	4038 Thomas Nelson Highway, Arrington, VA, 22922	434-263-4893	434-263-4304

TEMPORARY FOOD ESTABLISHMET PERMIT APPLICATION TO BE SUBMITTED A MINIMUM OF 10 DAYS PRIOR TO EVENT

Note: submission of an incomplete or late application may delay processing, restrict menu or be rejected.
(PLEASE Print or Type Completing Both Sides of the Form)

Date of Application: _____

Name of Organization or Individual: _____

Mailing Address: _____

Representative's Name: _____

Telephone numbers: (W) _____ (H) _____ (C) _____

E-Mail Address: _____ Fax Number: _____

Event Name: _____

Event Location: _____

Event Coordinator's Name: _____

Event Coordinator's Phone Number: _____ Email _____

Date(s) of Operation: _____ Time(s) _____ to _____

Type of Food Facility: **Mobile Food Unit** **Permitted Restaurant** **Tent** **Other** _____

Vendor Fee - \$40 per event to a maximum of \$40 a calendar year (include a copy of receipt with application).

OFFICE USE: Fee Status: Normal Exempt Not Applicable

Check No. _____ Cash Credit Card _____ Amount Collected: \$ _____ Receipt #: _____

There are no fees for an exempt organization/group such as churches, fraternal, school and social organizations and volunteer fire departments and rescue squads.

Are you with an exempt organization as defined above that has a current Thomas Jefferson Health District Cooking for Crowds Waiver: **Yes** **No**

Waiver Expiration Date: _____ (Attach a copy of both sides of waiver to application)

Are you participating as an: **Individual** or **Part of a Group or Organization?**

If as an individual, do you live in the city or county in which the event takes place? **Yes** **No**

If as an individual, will you participate in more than one event this calendar year? **Yes** **No**

Have you ever had a Health Department inspection? **Yes** **No** Date of Last Inspection: _____

Have you ever participated in a Temporary Event? **Yes** **No** Name of Event: _____

Address Location of last Temporary Event: _____ County/City _____

Please provide the following information. Failure to provide the necessary information regarding your operation may delay the processing of your application.

Water Service _____ Sewage Disposal _____

Solid Waste Disposal _____ Liquid Waste Disposal _____

Food, Beverages and Equipment:

Food/Beverage Serving	Where is food purchased?	Where is food prepared (on site at event, in organization's kitchen, at a permitted facility)	Methods of food preparation (cooking, holding)
Example: <i>Hamburger, onions, iced tea</i>	Example: <i>local market, food distributor</i>	Example: <i>on site, church kitchen, restaurant</i>	Example: <i>Cooked to 170° F, held in pan on grill. Washed, sliced and held in cooler.</i>

(Please attach page 3, if additional space is needed)

Method of hand washing	Condiments offered & how served (prepackaged, bulk containers)	List utensils used and how they will be cleaned, and type of sanitizer used	Types of refrigeration (coolers, refrigerator, freezer, etc.)	Cooking Equipment
Example: <i>Soap, hot water, towel, catch basins.</i>	Example: <i>Prepackaged mustard, catsup, etc.</i>	Example: <i>Tongs, spatula, knife (3 basin set up for bleach water sanitizer)</i>	Example: <i>Refrigerator, cooler with ice</i>	Example: <i>Electric grill, steam table, deep fat fryer, hot plate</i>

(Please attach page 3, if additional space is needed)

Do you have cooking or reheating equipment that can rapidly heat foods to 165°F or above? Yes No

NOTE: Crock pots are not acceptable for the cooking or reheating of foods.

Are thermometers available in each refrigeration unit? Yes No

Are calibrated metal stem thermometers provided to monitor food temperatures? Yes No

Method used to prevent bare hand contact with ready-to-eat foods? _____

CERTIFICATION

I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in denial of my application for a permit or suspension of my permit, per 12 VAC 5-421-3730 and 12 VAC 5-42-3770, Commonwealth of Virginia Board of Health Food Regulations, January 2010.

Signature of Applicant

Date

Printed Name of Applicant

